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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90030 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54162

1. Corporation Name
NEON PRODUCTIONS, INC.



Principal Place of Business

18181 NE 31ST COURT
#2009
N MIAMI BCH FL 33160
US

Mailing Address

18181 NE 31ST COURT
#2009
N MIAMI BCH FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

65-0359958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 540 S. LAKE DASHA DRIVE

Suite, Apt. #, etc.

22

City & State

23 PLANTATION, FL

Zip

24 33324

25

Broward

Country

2a. Mailing Address

26 540 S. LAKE DASHA DRIVE

Suite, Apt. #, etc.

27

City & State

28 PLANTATION, FL

Zip

29 33324

30

Country

9. Name and Address of Current Registered Agent

GIBSON, CHARLES
18181 NE 31ST COURT
STRE #2009
N MIAMI BCH FL 33160

10. Name and Address of New Registered Agent

81 Name

GIBSON, CHARLES

82 Street Address (P.O. Box Number is Not Acceptable)

540 S. LAKE DASHA DRIVE

83

84 City

PLANTATION

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D

STREET ADDRESS GIBSON, CHARLES

CITY-ST-ZIP 18181 NE 31ST COURT #2009

N MIAMI BCH FL

TITLE ☐ DELETE

NAME D

STREET ADDRESS GIBSON, CHRISTINA

CITY-ST-ZIP 18181 NE 31ST COURT #2009

N MIAMI BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 540 S. LAKE DASHA DRIVE

1.4 CITY-ST-ZIP PLANTATION, FL 33324

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 540 S. LAKE DASHA DRIVE

2.4 CITY-ST-ZIP PLANTATION, FL 33324

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99(954) 915-8125

CR2E034 (11/98)